

<b>Case Number:</b>	CM15-0072049		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, who sustained an industrial/work injury on 5/1/14. She reported initial complaints of left wrist pain. The injured worker was diagnosed as having left wrist osteoarthritis, carpal tunnel syndrome, sprain/strain of shoulder/arm, nerve lesion ulnar/cubital tunnel syndrome, and wrist sprain. Treatment to date has included medications, diagnostics, surgery (carpal tunnel release 12/18/14), and physical therapy. MRI results were reported on 3/16/15. Currently, the injured worker complains of wrist discomfort. Per the primary physician's progress report (PR-2) on 3/23/15, examination demonstrated tenderness of the left wrist in the posterior portion and diffuse mild to moderate tenderness of the third dorsal compartment of the left wrist and severely limited range of motion. The injured worker remained symptomatic prompting an injection. The requested treatments include one repeat steroid injection for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One repeat steroid injection for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** CA MTUS states that most steroid injections of the wrist lack high quality data to support their use, with the exception being injection of the tendon sheath or carpal tunnel resistant to conservative treatment. In this case, the request is for steroid injection for osteoarthritis, which is not indicated by guidelines. The requested steroid injection of the wrist is not medically necessary.